

No. 7580

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 1589** Office of Registrar of Vital Statistics. Ward **20**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maurice Hiffenbottom

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 16 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } # 725 Baker St

Cause of Death, { First (Primary), Cholera Infantum }  
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 22nd 1887

{ Undertaker, Residence of Father }  
{ Place of Business, 606 N. Carroll St. } Address, Arffler & Co. Dry Goods

John S. Luck M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A. 158

Office of Registrar of Vital Statistics.

Ward

5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July, 21<sup>st</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Adam, Inf of Carl & Maggie Heiser.

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

3

Months,

1

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balti

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

808 Somerset St

Cause of Death,

{ First (Primary),

Second (Immediate),

Marasmus

Duration of Last Sickness,

During Life

All the above information should be furnished by the Physician.

Place of Burial,

St. Matthew Cem.

Date of Burial,

July 21<sup>st</sup> 1887

Undertaker,

A. Pinkerton

Medical Attendant.

M. D.

Place of Business,

915 N. Gay St.

Address,

1102 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

1582

Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 31<sup>st</sup> 1887 at 9 o'clock

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Louis<sup>th</sup> Bohring

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

41

Years,

6

Months,

8

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Married

Occupation,

Saloon Keeper

Birth Place,

(State or country, and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

(Give Street and Number.)

1148 Columbia Ave.

Cause of Death,

First (Primary),

Liver

Second (Immediate),

Dropsy

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Lauden Park

Date of Burial,

July 31<sup>st</sup> 1887

Undertaker,

J. B. Cook

C. E. Richardson M. D.

Medical Attendant.

Place of Business,

1003 W. Baltimore St.

Lombard & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1583

Office of Registrar of Vital Statistics.

Ward 156

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 25th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Markel (Markel)

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 10 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 624 West St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Comulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 22nd 1889

Undertaker, G. P. France

Medical Attendant.

Place of Business, Bank & Exchange Address, E. J. Williams M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 1584

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1584 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 20th

Full Name of Deceased, Louis Medinger  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 20 Years, 11 Months, 11 Days.

Color, W.

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, B. C.

Birth Place, B. C.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 42

Place of Death, 423 S. E. Ave  
{ Give Street and Number. }

Cause of Death, Imperfect Heart - Cyanosis  
as shown  
since birth  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 21st

Undertaker, E. J. Grand M. D.

Place of Business, 300 N. 4th St Address, 222 S. B. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death,

[OVER.]







The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1586

Office of Registrar of Vital Statistics.

Ward 79

The Physician who attended any person in a last illness, responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 21 - 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas Wesley Finimber

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

Years,

3 Months,

9 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

B.C

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1005 Mc Dowell

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum.

Exhaustion

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22<sup>nd</sup>

Undertaker,

Geo Schilling

Irving Miller

M. D.

Medical Attendant.

Place of Business,

Ashland Square

Address, 1207 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1587 Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Randolph Hammond

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 608 Vincent St

Cause of Death, { First (Primary), Second (Immediate), } Acute Dysentery  
asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 21 1887

Undertaker, William A. Dunger

Place of Business, 150 East St

John T. King M. D.  
Medical Attendant.

Address, 640 N. Carroll St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

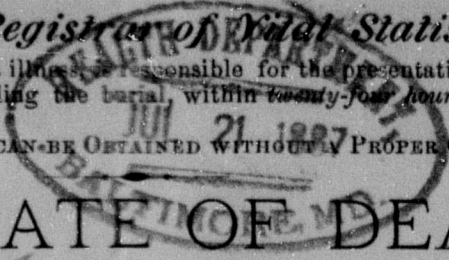
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1588 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 20 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Barnes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 10 Months,  Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 124 Chesnut St

Cause of Death, { First (Primary), Cholera Infantum }  
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22<sup>nd</sup> 1887

Undertaker, W. H. Hemmick } Wm W. Hill M.D. Medical Attendant.

Place of Business, 174 Orchard Address, 1438 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1589 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 20  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Kerschbaum  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female  
Age, 73 Years, 8 Months, 29 Days  
Color, White  
~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow  
Occupation, None  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany  
Duration of Residence in the City of Baltimore, Irregular 7 years last time  
Place of Death, { Give Street and Number. } 842 W Pratt St  
Cause of Death, { First (Primary), Gastritis acute  
Second (Immediate), Exhaustion }  
Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery  
Date of Burial, July 22<sup>d</sup> 1887  
{ Undertaker, Geo. Gumbert } W. H. Kemp M. D. Medical Attendant.  
{ Place of Business, 647 W Pratt St } Address, 305 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]